

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

12393

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Widowed

6.(b) Name of husband or wife

Edith Wilson Blackburn

7. Birth date of

deceased (mo., day, yr.)

Dec. 22, 1886

6.(c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

62

0

7

hrs.

min.

9. Birthplace

Port Deposit, Cecil, Md.

(Town, county, and state)

10. Usual occupation

Moulder

11. Industry or business

Stove Foundry

MOTHER FATHER

12. Name

James A. Blackburn

13. Birthplace

Cecil Co., Md.

14. Maiden name

Marionne Frizell

15. Birthplace

Va.

16. Informant

Marion E. Blackburn

Address

Port Deposit, Md.

17.

Burial

Date thereof Jan. 2, 1949

(Burial, cremation, or removal, Which?)

Cemetery or crematory

West Nottingham Cemetery

Location

Colore, Md.

Rural

18. Funeral director

L. A. Patterson & Son

Address

Perryville, Md.

19.

Date rec'd by registrar

19

49 Irene E. Clougherty

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 29, 1948, at 10:57 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 20, 1948, to Dec-29, 1948

and that I last saw him alive on

Dec 29, 1948

Immediate cause of death

Pulmonary Tuberculosis

DURATION

3 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

B. J. Benson M.D.

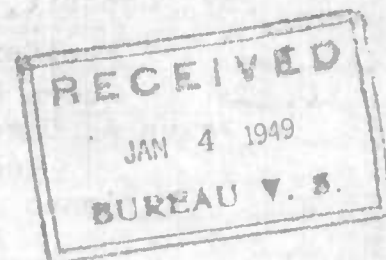
M. D. or other

Address

Port Deposit, Md.

Date signed 12/30/48

1052501



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

12394

93d 94

1. PLACE OF DEATH:

County

City or town

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

48

19

48

19

48

19

48

19

48

19

48

19

48

19

48

19

48

19

48

19

48

19

48

19

48

19

48

19

48

19

48

19

48

19

48

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 15

1948, 3:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h.

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Medical Examiner

for Cecil County

M. D. or other

Address

Date signed

RECEIVED

DEC 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12395

1. PLACE OF DEATH: Cecil
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 mo
 Hospital, institution, or street address where death occurred:
501 Hollingsworth Ave
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....Md County.....Cecil
 City or town.....Elkton Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 501 Hollingsworth Ave
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
Charles B Buckworth

3. (b) Social Security Number

4. Sex M. 5. Color or race wh 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Lerra S. Buckworth

8. (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) March 14, 1883

8. AGE: Years 65 Months 9 Days 12 If less than one day hrs. min.

9. Birthplace.....Bohemia Manor - Cecil Co
 (Town, county, and state)

10. Usual occupation.....Retd Farmer

11. Industry or business.....

12. Name.....Samuel Buckworth

13. Birthplace.....Cecil Co Md

14. Maiden name.....Corah Rodmire

15. Birthplace.....Cecil Co, Md

16. Informant.....Mrs. Chas Buckworth

Address.....Elkton, Md

17. Burial Date thereof.....Dec 29/48
 (Burial, cremation, or removal) Which?..... (month) (day) (year)

Cemetery or crematory.....Bethel Ches & Del

Location.....New Chesapeake City Md

18. Funeral director.....W. W. Pappas

Address.....Elkton, Md

19. Dec 29 19 48 F. B. Rager
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26 19 48 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 20 19 47, to Dec 26 19 48

and that I last saw him alive on Dec 24 19 48

Immediate cause of death.....

Carcinoma of Uterus

Due to.....Metastasis

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....Carcinoma of Uterus. Lys

pos of Hodge removed under Paupers Act op. 7-1448

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....L. J. Davis M.D. M. D. or other
 Address.....Chesapeake City Md Date signed 12/28/48

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1. Name of deceased

2. Date of death

3. Place of death

RECEIVED
DEC 30 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12396

Reg. Dist. No. 92

1. PLACE OF DEATH

County Cecil
City or town Elkton Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 years
Hospital, institution or street address where death occurred:
Rd 4 Elkton
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md. County Cecil
City or town Elkton Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. Blue Ball Road
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME

Albert Lee Caldwell Sr.

3. (b) Social Security Number

218-07-9619

4. Sex M 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Dorothy Caldwell
6. (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) Jan 1 1908

8. AGE: 40 Years 11 Months 24 Days If less than one day hrs. min.

9. Birthplace Marion, Va.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Andrew Caldwell

13. Birthplace Grason Leo Va.

14. Maiden name Mary Sexton

15. Birthplace Grason Leo Va.

16. Informant Mrs Dorothy Caldwell

Address Elkton Rd Md.

17. Burial (Burial, cremation or removal) Which? Date thereof Dec 27 1948
(month) (day) (year)

Cemetery or crematorium Baptist Cem

Location Conowingo Md.

18. Funeral director J E Tyson

Address Rising Sun Md

19. Dec 24 1948 J E Tyson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1948 at 4:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death Penetrating Rifle shot in left breast
Due to breast

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes fill in the following: 12/24-48
Accident, suicide, or homicide Suicide
Where did injury occur? Elkton Cecil Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) home

Means of injury Rifle Injured at work? no

Medical Examiner R L Dodeon Jr

23. SIGNATURE R L Dodeon Jr M. D. or other

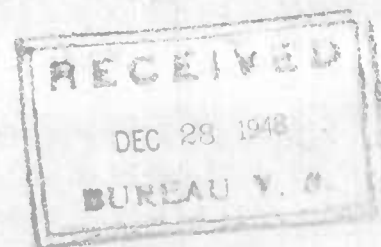
Address Rising Sun Md Date signed 12/24/48

MARGIN RESERVED FOR BINDING

9.45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

12897

1. PLACE OF DEATH:

County Cecil
City or town Perry Point, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 Yrs. 2 Mos. 2 Days
Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Maryland
How long in hospital or institution? 2 Yrs. 2 Mos. 2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Delaware County New Castle
City or town Wilmington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3508 Market Street
(If rural, give LOCATION)
WW II
2.(a) If veteran, name war WW II ✓

3. (a) FULL NAME

CAPELLA, Joseph F. also known as Joseph F. Capaldi

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) December 27, 1913 6. (c) If alive, give age _____ years

8. AGE: Years 34 Months 11 Days 13 If less than one day _____ hrs. _____ min.

9. Birthplace Wilmington New Castle Delaware
(Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name Michael Capaldi

13. Birthplace Italy

14. Maiden name Anna De Pace

15. Birthplace Italy

16. Informant Hospital Records

Address VAH, Perry Point, Md.

17. Burial Date thereof 12-14-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetary or crematory Cathedral Cemetery,

Location WILMINGTON, Delaware

18. Funeral director H. W. Pippins

Address Elkton, Md.

19. Dec 11 1948 Irma E. Daugherty
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 10, 1948 at 8:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 23, 1948 to December 10, 1948 and that I last saw him alive on December 10, 1948

Immediate cause of death Meningitis
(not due to meningococcus.)

Due to following operation (pre-frontal lobotomy)

Due to

Other conditions Schizophrenia (Dementia Praecox)
(Include pregnancy within 3 months of death)

Major findings of operations No evidence of pathology at operation Date of op. 12-9-48

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. Carter D. or other _____

Address Perry Point Md. Date signed 12/11/48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 14 1948

BUREAU V. S.

W. J. T. H.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12398
Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil
City or town Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 46 hrs.
Hospital, institution, or street address where death occurred:
Union Hospital
How long in hospital or institution? 46 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Cecil
City or town Elkton
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.D. # 4
(If rural, give LOCATION)
2. (a) If veteran, name war.

3. (a) FULL NAME

Robert Francis Carreras

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced single
6. (b) Name of husband or wife
7. Birth date of deceased (mo., day, yr.) Dec 22 hrs. 1948 6. (c) If alive, give age 19 years
8. AGE: Years Months Days If less than one day
1 22 hrs. 1 min.

9. Birthplace Elkton - Cecil - Maryland
(Town, county, and state)

10. Usual occupation newborn

11. Industry or business

12. Name Leo Manuel Carreras
13. Birthplace Philadelphia, Pennsylvania
14. Maiden name Marie Adele Taltow
15. Birthplace German Town, Pennsylvania

16. Informant Mrs. Leo Carreras
Address Elkton R.D. # 4 Maryland

17. Burial Date thereof Jan 3, 1949
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Catholic
Location Elkton, Md.

18. Funeral director H. J. Frasier
Address Elkton, Md.

19. Jan 3 19 49 H. J. Frasier
(Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31st 19 48 at 5:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 29 Dec 19 48, to 31 Dec 19 48, and that I last saw him alive on 31 Dec 19 48.

Immediate cause of death Anemia of newborn DURATION 48 hrs.
Due to Sclerosis Irenis 48 hrs.

Due to

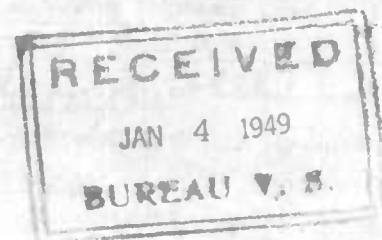
Other conditions (acute R.H. factor death)
(Include pregnancy within 3 months of death)

Major findings of operations. Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George J. Klein, Jr. M. D. or other
Address Elkton, Md. Date signed Jan 49



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12399

137a

Reg. Dist. No. 92

1. PLACE OF DEATH: Cecil
County Ellettsville
City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 years
Hospital, institution, or street address where death occurred: Union Hospital
How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Ellettsville
(If outside city or town limits, write RURAL and give nearest town)
Street No. 141 W. High, Ellettsville
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME John F. Levine

3. (b) Social Security Number 212-01-2154

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed
6. (b) Name of husband or wife Annette V. Devine
7. Birth date of deceased (mo., day, yr.) June 22, 1974
8. (c) If alive, give age years

8. AGE: Years 74 Months 5 Days 21 If less than one day hrs. min.

9. Birthplace New York (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name

13. Birthplace No information

14. Maiden name

15. Birthplace

16. Informant Marjorie Devine

Address 141 W. High St Ellettsville Md.

17. Burial Date thereof Dec 16 1978 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Ellettsville Cemetery

Location Ellettsville Md.

18. Funeral director H. W. Phipps & Son

Address Ellettsville Md. S. H. G. Gandy

19. Dec 16 1978 J. R. Fraser (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13 1978 at 6:15 p.m.

21. I CERTIFY that death occurred on the data above stated; that I attended deceased from Nov. 25 1978 to December 13 1978

and that I last saw him alive on December 13 1978

Immediate cause of death Acute Myocardial Failure

DURATION

15 min

Due to

Due to

Other conditions Hypertrophic cardiomyopathy

(Include pregnancy within 3 months of death)

Major findings of operations ? enlarged pericardium
Date of op. Dec. 7, 1978

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

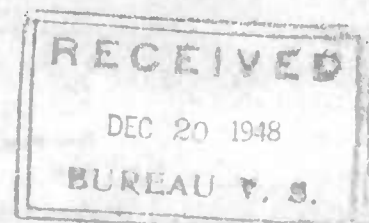
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Ford W. Speaker, M.D.
Ellettsville, Md.

Address Date signed Dec. 13 1978



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County **Cecil**
 City or town **VAH., Perry Point, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **3 Months 22 days**
 Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Maryland
 How long in hospital or institution? **3 Months 22 Days**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State **Maryland** County _____
 City or town **Baltimore**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **2015 Letitia Avenue**
 (If rural, give LOCATION)
 2.(a) If veteran, name war **WW-II** ✓

3. (a) FULL NAME

DONNELLY, John Thomas

3. (b) Social Security Number

Unknown

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Single**
 6.(b) Name of husband or wife _____
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) **12-30-1900**
 8. AGE: Years **47** Months **11** Days **5** If less than one day _____ hrs. _____ min.

9. Birthplace **Baltimore, Maryland**
 (Town, county, and state)
 10. Usual occupation **Mechanic - Post Office**
 11. Industry or business _____
 12. Name **William Thomas Donnelly**
 13. Birthplace **Baltimore, Maryland**
 14. Maiden name **Lena Bernhardt**
 15. Birthplace **Baltimore, Maryland**

16. Informant **Hospital Records**
 Address **VAH., Perry Point, Maryland**
 17. Removal **12-5-48**
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory **Louden Park**
 Location **Frederick Avenue, Baltimore, Maryland**
 18. Funeral director **WILLIAM COOK, INC.,**
 Address **1217 St Paul St., Baltimore, Maryland**

19. Date rec'd by registrar **5** 19 **48** **John E. Dougherty**
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **December 4,** 19 **48** at **11:30P** M

21. I CERTIFY that death occurred on the date above stated: (that I attended deceased from **August 12,** 19 **48** to **December 4,** 19 **48** and that I last saw him alive on **December 4,** 19 **48**

Immediate cause of death
Edema, pulmonary, acute

DURATION
24 hrs.

Due to **Myocarditis, chronic**
secondary to
Mitral Valve Stenosis

Unknown**Unknown**

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results **Same as above**

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

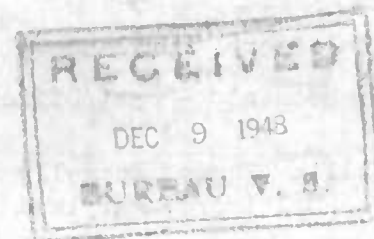
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE **STELIO Z. IMPRESCIA, M.D.** M.D. or other
VAH., Perry Point, Md. Date signed **12/5/48**



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 95

12401

93d

1. PLACE OF DEATH

County CecilCity or town New Valley
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CecilCity or town New Valley Liberty Grove
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(c) If veteran, name war _____

3. (a) FULL NAME

Minnie J. Eckard

3. (b) Social Security Number

219-07-85414. Sex Female5. Color or race white6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Henry Eckard

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Jan. 16, 18778. AGE: Years 71 Months 10 Days H If less than one day _____ hrs. _____ min.9. Birthplace Churchville, Augusta Co. Va.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Robert Snyder13. Birthplace Va.14. Maiden name Eva Higley15. Birthplace Va.16. Informant James EckardAddress Liberty Grove17. Burial Date thereof Dec. 30, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Green HillLocation Churchville, Augusta Co. Va.18. Funeral director Ralph M. ReedAddress Rising Sun Md.19. Dec 29 48 Immortu
rec'd by Registrar

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27 1948, at 9:15 A. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-24 1948 to 12-27 1948and that I last saw him alive on 12-27 1948Immediate cause of death Cerebral Vascular Accident DURATIONDue to Myocardial Infarction 6 daysDue to Myocardial Infarction

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE M. D. or otherAddress Bn X B. 557, 1st Date signed 12-28-48

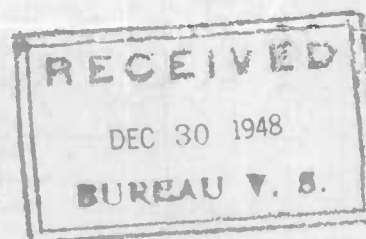
MARGIN RESERVED FOR BINDING

VS A15 9-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12402

Reg. Dist. No.

94

1. PLACE OF DEATH:

County Cecil
 City or town North East Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Cecil
 City or town North East Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary Emma Gray

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife George N. Gray
 B.(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Jan 14 1879

8. AGE: Years 69 Months 11 Days 17 It less than one day _____ hrs. _____ min.

9. Birthplace Cecil Co. Md
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Elisha B. Mahoney
 13. Birthplace Md

14. Maiden name Mary E. Hall
 15. Birthplace Lyford Penna

16. Informant George N. Gray
 Address North East, Md

17. Burial Date thereof Jan 3, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Methodist
 Location North East, Md

18. Funeral director Joseph R. Grant
 Address North East, Md

19. Jan 3 19 48 Sarah E. Rothman
 Date rec'd by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1948 at 9:50p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 10, 1948 to Dec. 31 1948
 and that I last saw her alive on December 26, 1948

Immediate cause of death

Cerebral Insufficiency

DURATION

4 yrs

Due to _____

Due to _____

Other conditions Chronic parenchymatous nephritis
 (Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

James L. Johnson MD

M. D. or other

Address Elkton, Md Date signed 12/31/48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

12403

93d

1. PLACE OF DEATH:

County Cecil
 City or town Port Deposit
 (If outside city or town limits, write RURAL and give nearest town)
5 months
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
Maryland County Cecil
 State
 City or town Conowingo Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

John E. Haines

3. (b) Social Security Number

218-05-7200

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Jennie Haines

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1879 8. (c) If alive, give age _____ years

8. AGE: Years 69 Months 0 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace Conowingo Cecil Co. Md.
 (Town, county, and state)

10. Usual occupation Laborer11. Industry or business Day12. Name John M. Haines13. Birthplace Harford Co. Md.14. Maiden name Catherine Berry15. Birthplace Cecil Co. Md.16. Informant Margaret A. GaylorAddress Port Deposit, Md.

17. Burial Date thereof Dec. 7, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium Mt. Zoar CemeteryLocation Conowingo Cecil Co. Md.18. Funeral director W. C. Patterson & SonAddress Perryville, Maryland.

19. Dec. 6, 1948 Irene E. Dougherty
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 Dec 1948 at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1948 to Dec 1948
 and that I last saw him alive on 3 Dec 1948

Immediate cause of death Uremia

DURATION

Due to Cerebral VascularAccident - L. hemiplegiaDue to A.S.C.V.D.

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. H. Sadovsky M.D.

M. D. or other

Address Perryville, Md. Date signed 4 Dec 48

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 9 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:

County Cecil
City or town Rising Sun
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 94 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md County Cecil
City or town Rising Sun, md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Margaret H. Haines

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 12, 1854

8. AGE: Year Month Days If less than one day

94 8 28 hrs. min.

9. Birthplace Rising Sun, md
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

12. Name Joseph H. Haines

13. Birthplace Rising Sun, md

14. Maiden name Rebecca Lincoln

15. Birthplace Rising Sun, md

16. Informant Edward C. Dixon

Address 15-28 Walnut Street Philadelphia Pa

17. Buried Date thereof Dec 13, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Brookview

Location Rising Sun

18. Funeral director J. E. Tyson

Address Rising Sun, md

19. Dec 11, 48 L. M. Thompson
(Data rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 10, 48 at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 6 - 48 to Dec 10, 48

and that I last saw a alive on Dec 10, 48

Immediate cause of death Cerebral Hemorrhage DURATION 2 days

Due to

Due to Arteriosclerosis 10 yrs

Other conditions Chn Myocarditis 12 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury Injured at work?

23. SIGNATURE J. E. Tyson M. D.

Address Port Deposit Md Date signed 12/11/48

MARGIN RESERVED FOR BINDING

9-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 14 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH:

County..... Cecil
 City or town..... North East
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Lifetime
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?..... -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... md County..... Cecil
 City or town..... North East
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... -
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... not a veteran

3. (a) FULL NAME

Henry L. Harvey

3. (b) Social Security Number

none

4. Sex..... Male 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Widowed
 6. (b) Name of husband or wife..... Margaret R
 6. (c) If alive, give age..... - years
 7. Birth date of deceased (mo., day, yr.)..... Mar 24 1872
 8. AGE: Years..... 76 Months..... 8 Days..... 27 If less than one day..... hrs. min.

9. Birthplace..... North East Md
(Town, county, and state)10. Usual occupation..... Commercial Fisherman

11. Industry or business

12. Name..... George W. Harvey13. Birthplace..... North East Md14. Maiden name..... Elizabeth A. Friday15. Birthplace..... Penna16. Informant..... Miss Elizabeth HarveyAddress..... North East Md17. Burial..... Date thereof..... Dec 24-1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory..... MethodistLocation..... North East Maryland18. Funeral director..... Joseph R. ShantAddress..... North East Md19. 12-23 1948 Sarah E. Rottamel
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 21 Dec 1948 at 9:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 1946 to 21 Dec 1948
 and that I last saw him alive on 21 Dec 1948

Immediate cause of death..... Coronary Occlusion
 DURATION..... 12 hours

Due to..... Generalized Arteriosclerosis..... 10 years

Due to..... Hypertensive Cardiovascular Renal Disease..... 5 years

Other conditions..... Chr rheumatoid arthritis
 (Include pregnancy within 3 months of death)

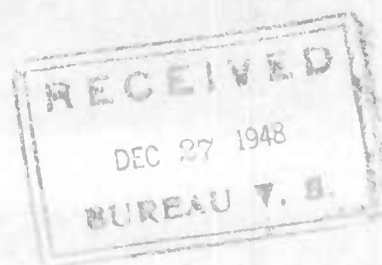
Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?.....

23. SIGNATURE..... Klaus H. Hueltner M.D.
 Address..... North East Md Date signed..... 22 Dec 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

12406

1. PLACE OF DEATH

County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)

State.....
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

William James Holland.

3. (b) Social Security Number

213-05-3993

4. Sex.....
 5. Color or race.....
 6. (a) Single, married, widowed, or divorced.....

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.).....
 8. AGE: Years..... Months..... Days..... If less than one day..... hrs..... min.

9. Birthplace.....
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name.....
 13. Birthplace.....

14. Maiden name.....
 15. Birthplace.....

16. Informant.....
 Address.....

17. Burial..... Date thereof.....
 (Burial, cremation, or removal. Which?)..... (month) (day) (year)

Cemetery or crematory.....
 Location.....

18. Funeral director.....
 Address.....

19. Dec 11 1948.....
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH.....
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... to..... and that I last saw him..... alive on.....

Immediate cause of death.....

.....
 Due to.....
 Due to.....
 Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

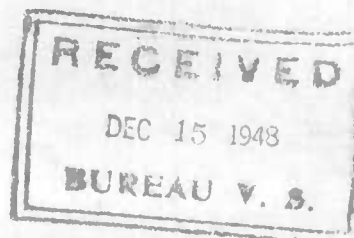
23. SIGNATURE.....
 Address.....

Medical Examiner

for Cecil County

M. D. or other

Date signed 12-9-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore

CERTIFICATE OF DEATH

12407

Reg. Dist. No. 96

1. PLACE OF DEATH:

County Cecil
 City or town Perry Point, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 0 yrs. 4 mos. 5 days
 Hospital, institution, or street address where death occurred:
Veterans Administration Hospital
 How long in hospital or institution? Since July 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State D.C. County _____
 City or town Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1887 Monroe Street, N.W.
 (If rural, give LOCATION)
 2.(a) If veteran, name war WW-I ✓

3. (a) FULL NAME

HUFF, Charles R.

3. (b) Social Security Number

Unknown

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Louise T. Huff
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) March 23, 1890
 8. AGE: Year 58 Months 9 Day 6 If less than one day _____ hrs. _____ min.
 9. Birthplace Muscataine, Iowa
 (Town, county, and state)
 10. Usual occupation Unknown
 11. Industry or business _____
 12. Name Unknown
 13. Birthplace Unknown
 14. Maiden name Unknown - deceased
 15. Birthplace Unknown

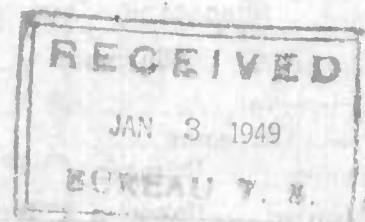
16. Informant Hospital records
 Address VA Hospital, Perry Point, Md.
 17. Removal Removal Date thereof 12-30-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Arlington Nat'l Cemetery
 Location Fort Myer, Virginia
 18. Funeral director Pennington & Son
 Address Bayre de Grace, Maryland
 19. Dec. 30, 1948 Louise E. Dougherty
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29, 1948 at 12:15 PM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 24, 1948 to Dec. 29, 1948
 and that I last saw him alive on December 29, 1948
 Immediate cause of death Hypertensive cardio-vascular renal disease
 DURATION Unknown
 Other conditions Arteriosclerosis, generalized
 (Include pregnancy within 3 months of death) Unknown
 Major findings of operations --
 Date of op. _____
 Autopsy results Same as above
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide -- Date of _____
 Where did injury occur? _____
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) --
 Means of injury -- Injured at work?

23. SIGNATURE A. J. Trolling
A. J. TROLLINGER, M.D., Chief, Professional Service
 Address VAH, Perry Point, Md. Date signed 12-30-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:

County Cecil Co.
 City or town outside Rising Sun Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Cecil Co.

City or town outside Rising Sun Md.
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Annie B. W. James

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Nelson James

7. Birth date of deceased (mo., day, yr.) Sept 13 1875 8. (c) If alive, give age 75 years

8. AGE: Year 73 Months 3 Day 4 if less than one day _____ hr. _____ min.

9. Birthplace Sylmar Md.
 (Town, county, and state)

10. Usual occupation housewife

11. Industry or business _____

12. Name Stephen A. Woodrow

13. Birthplace Howlandville Md.

14. Maiden name Marion Nestitt

15. Birthplace Port Deposit Md.

16. Informant Nelson James

Address Rising Sun Md.

17. Burial Date thereof Dec 20 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory West Nottingham Friends Ch.

Location Rising Sun Md.

18. Funeral director J. E. Tyson

Address Rising Sun Md.

19. Dec 18 - 48 Registrar L. M. Thompson

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17, 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 10 1947 to Dec 16 1948 and that I last saw him alive on 12 - 16 1948

Immediate cause of death Carcinoma
General

Due to suppurative lungs
& abscess

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underlie the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury _____ Injured at work? _____

23. SIGNATURE R. E. Dodson M.D. M. D. or other _____

Address Waring Sun Md. Date signed 12-17-48

RECEIVED

DEC 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12409

Reg. Dist. No. 96

1. PLACE OF DEATH:

County Cecil
 City or town Perry Point, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 Yrs. 5 mos. 2 days
 Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Md.
 How long in hospital or institution? Unknown

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State New Jersey County _____
 City or town Nutley
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. #2 Orange Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war WW-I

3. (a) FULL NAME

KLINFELTER, Joseph

3. (b) Social Security Number

None

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife --
 7. Birth date of deceased (mo., day, yr.) August 25, 1892
 6. (c) If alive, give age _____ years
 8. AGE: Years 56 Months 3 Days 24 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Md.
 (Town, county, and state)
 10. Usual occupation Telegraph operator
 11. Industry or business _____
 12. Name John R. Klinefelter - deceased
 13. Birthplace Baltimore, Md.
 14. Maiden name Miss Caroline Kemel - deceased
 15. Birthplace Maryland

16. Informant Hospital records
 Address VAH, Perry Point, Md.
 17. Removal Date thereof Dec. 23, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Arlington National Cemetery
 Location Fort Myer, Va.
 18. Funeral director FENNINGTON & SON
 Address Bayre de Grace, Md.

19. Dec 22 19 48 James E. Daugherty
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19, 19 48 at 2:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 17, 19 28 to Dec. 19, 19 48
 and that I last saw him alive on December 19, 19 48

Immediate cause of death _____ DURATION
Bronchopneumonia 3 days

Due to _____
 Due to _____
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE A. E. TROLLINGER M. D. or other
VAH, Perry Point, Md. Date signed 12-22-48
 Address _____

RECEIVED

DEC 27 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12410
92

1. PLACE OF DEATH:

County Cecil
City or town Rural near Elkton, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
R.D. 2 Md
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md County Cecil
City or town Rural near Elkton
(If outside city or town limits, write RURAL and give nearest town)
Street No. Elkton R.D. 2 Md
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Edward F. Lewis

3. (b) Social Security Number

4. Sex M. 5. Color or race Wh 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Julia Lewis
6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) Nov. 12, 1888
8. AGE: Years 60 Months _____ Days 26 If less than one day _____ hrs. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/8/48 at 11:40 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/3/48 to 12/8/48
and that I last saw him alive on 12/12/48

Immediate cause of death Coronary occlusion
DURATION

9. Birthplace Elkton, Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Henry A. Lewis

13. Birthplace Elkton, Md

14. Maiden name Dona Bell Walker

15. Birthplace Elkton R.D. 2 Md

16. Informant Mrs. Julia Lewis

Address Elkton R.D. 2 Md

17. Burial Date thereof Dec 11/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bethel

Location near Chesapeake City, Md

16. Funeral director H. Whipple

Address Elkton, Md

19. Dec 11 19 48 F. B. Ingers
(Date rec'd by registrar) (Registrar)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE James P. H. Walker
M. D. or other

Address Elkton Md Date signed 12/8/48

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12411 92

1. PLACE OF DEATH:

County Cecil
City or town Elkton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County CecilCity or town Elkton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

John Henry

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) March 16, 1948 B.(c) If alive, give age _____ years8. AGE: Years _____ Months 10 Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Elkton Cecil Maryland
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name Joseph Harris13. Birthplace No information14. Maiden name Annica Lotman15. Birthplace Elkton Md.16. Informant Wm CrossAddress Elkton, Md.17. Burial Date thereof Dec 31 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Wesley ChapelLocation Near Elkton Md18. Funeral director H. W. Pappin & SonsAddress Elkton, Md.19. Dec 31 1948 Registrar H. W. Pappin

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1948 at 7:40 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 20 1948 to Dec 29 1948and that I last saw him alive on December 29 1948Immediate cause of death Broncho pneumonia DURATION 1 dayDue to Bronchitis

Due to _____

Other conditions Gastritis

(Include pregnancy within 8 months of death)

Major findings at operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE James L. Johnson M.D.Address Elkton, Md. Date signed 12/30/48

M, D, or other _____

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1. Name of deceased (Print name and full name of mother)

2. Date of birth

3. Sex

4. Date of death

5. Place of death

6. Cause of death (State immediately and briefly)

7. Date of burial

8. Place of burial

9. Name of attending physician

10. Name of funeral director

11. Name of informant

12. Signature of registrar

13. Signature of physician

14. Signature of funeral director

15. Signature of informant

16. Signature of registrar

17. Signature of physician

18. Signature of funeral director

19. Signature of informant

20. Signature of registrar

21. Signature of physician

22. Signature of funeral director

23. Signature of informant

24. Signature of registrar

RECEIVED

JAN 4 1949

BUREAU T. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12412

Reg. Dist. No. 95

1. PLACE OF DEATH

County Cecil Co. Md.
 City or town Rising Sun Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 32 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Cecil Co.
 City or town Rising Sun Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (if rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Albert Marshall McNamee

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

male white married

6. (b) Name of husband or wife Emma McNamee6. (c) If alive, give age 72 years7. Birth date of deceased (mo., day, yr.) Sept 3 18718. AGE: Years Months Days If less than one day
77 3 22 hrs. min.9. Birthplace Outside Rising Sun
(Town, county, and state)10. Usual occupation Operator of School Buses

11. Industry or business

12. Name William McNamee13. Birthplace Conowingo Md.14. Maiden name Annie Thompson15. Birthplace Port Deposit Md.16. Informant Emma McNameeAddress Rising Sun Md.17. Burial Date thereof Dec 28 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory BroadviewLocation Rising Sun Md.18. Funeral director J. E. TysonAddress Rising Sun Md.19. Dec 28 48 Lmm Washington
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25 1948 at 1:00 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 48 to Dec 26 48and that I last saw him alive on 12/25 1948

Immediate cause of death

barrenomaof stomach

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature W. D. Dodson MDAddress Rising Sun Md. Date signed 12/27-48

RECEIVED

DEC 29 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12413

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Essex
 City or town Elkton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 months
 Hospital, institution, or street address where death occurred:
311 Park Circle
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Ind. County Barroll
 City or town Union Bridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Juresta Jane Myers

3. (b) Social Security Number

4. Sex Fi. 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife Wm. D. Myers

7. Birth date of deceased (mo., day, yr.) Dec. 18 - 1864 6.(c) If alive, give age _____ years

8. AGE: Years 84 Months _____ Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick County Ind.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Wm. H. Perot

13. Birthplace Frederick Co Ind.

14. Maiden name Eliza Jane Eberts

15. Birthplace Frederick Co Ind.

16. Informant Ben Ruth Blaystone

Address 311 Park Circle Elkton Ind.

17. Burial & Removal Date thereof Dec 29 / 48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Beverly Lane

Location Frederick Co

18. Funeral director H. H. Hoppin

Address Elkton Ind.

19. Dec 26 19 48 J. B. Frazer
 (Data rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 19 48 at 7:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____, to _____ 19 _____, and that I last saw him _____ alive on _____ 19 _____.

Immediate cause of death Chronic coronary disease

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

Medical Examiner Reed Dodson M.D. for Cecil County

23. SIGNATURE Reed Dodson M.D. M. D. or other

Address Reed Dodson M.D. Date signed 12/25-48

RECEIVED

DEC 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12414 92

1. PLACE OF DEATH:

County..... Cecil
 City or town..... Rural New Elkton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 9 years
 Hospital, institution, or street address where death occurred:
 Elkton R.D. 4 Md
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Md..... County..... Cecil
 City or town..... Rural New Elkton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Elkton R.D. 4
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Mary E. Olson

3. (b) Social Security Number

4. Sex..... F..... 5. Color or race..... Wh..... 6. (a) Single, married, widowed, or divorced..... Married.
 6. (b) Name of husband or wife..... Clarence Olson
 6. (c) If alive, give age..... 60 years
 7. Birth date of deceased (mo., day, yr.)..... May 28, 1881
 8. AGE: Years..... 67..... Months..... 6..... Days..... 21..... If less than one day..... hrs..... min.....

9. Birthplace..... Penna.
 (Town, county, and state)

10. Usual occupation..... at home

11. Industry or business.....

12. Name..... Henry Sanders

13. Birthplace..... Penna

14. Maiden name..... Katherine Trunks

15. Birthplace..... Penna

16. Informant..... Mr. Clarence Olson

Address..... Elkton R.D. 4 Md

17. Burial..... Date thereof..... Dec 22/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory..... Elkton

Location..... Elkton, Md

18. Funeral director..... H.W. Pappas

Address..... Elkton, Md

19. Dec 21, 19 48..... J.R. Frazee
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 19 48..... 19..... 21..... 4:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 Nov 15 19 48, to Dec 19 19 48
 and that I last saw him alive on Nov 15 Dec 19 48

Immediate cause of death..... Pulmonary Edema

Due to..... Chronic Interstitial nephritis

Due to.....

Other conditions..... Chronic myocarditis

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

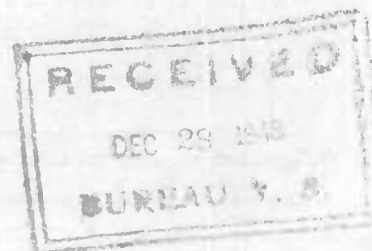
Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... J. Herbert Bates, M.D.
 Address..... Elkton Md
 Date signed..... 12/21/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

46g

12415

Reg. Dist. No. 96

1. PLACE OF DEATH:

County CecilCity or town Perry Point, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 0 yrs. 3 mos. 9 days

Hospital, institution, or street address where death occurred:

Veterans Administration HospitalHow long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County aaCity or town Marley Creek
(If outside city or town limits, write RURAL and give nearest town)Street No. --
(If rural, give LOCATION)2. (a) If veteran, name war WW-I ✓

3. (a) FULL NAME

OPPEL, Joseph D.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<u>male</u>	<u>white</u>	<u>Widower</u>

6. (b) Name of husband or wife --6. (c) If alive, give age -- years7. Birth date of deceased (mo., day, yr.) March 8, 1888

8. AGE:	Years	Months	Days	It less than one day
	<u>60</u>	<u>9</u>	<u>21</u>	<u>--</u> hrs. <u>--</u> min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)10. Usual occupation Baker

11. Industry or business

12. Name Unknown - deceased13. Birthplace Unknown14. Maiden name Unknown - deceased15. Birthplace Unknown16. Informant Hospital RecordsAddress VA Hospital, Perry Point, Md.17. Removal Date thereof Jan. 3, 1949
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Baltimore National CemeteryLocation Baltimore, Md.18. Funeral director Pennington & SonAddress Havre de Grace, Maryland19. Jan. 3 19 49 June E. Dillingham
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29, 1948 at 9:30 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 20, 1948 to Dec. 29, 1948and that I last saw him alive on December 29, 1948Immediate cause of death Bronchial pneumonia DURATION 2 daysDue to hepatitis, cystic, obstructiveDue to carcinoma of pancreasOther conditions Peritonitis, diffuse, fibrinous

(Include pregnancy within 3 months of death)

Major findings of operations --Date of op. --Autopsy results Same as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide -- Date of --Where did injury occur? -- (City or town) (County) (State)Injured at home, farm, industry, public place (where?) --Means of injury -- Injured at work? --23. SIGNATURE E. T. Trolleringer M. D. or otherE. T. Trolleringer, M. D., Chief, Professional Svcs.Address VAH, Perry Point, Md. Date signed 12-31-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

96

1. PLACE OF DEATH:

County Cecil
 City or town Perry Point, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 23 years, 5 months, 24 days
 Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Maryland
 How long in hospital or institution? 23 years, 5 months, 24 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Baltimore
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2508 E. Preston Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war World War I

3. (a) FULL NAME

PEDONE, Frank (NMI)

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) 1880
 8. AGE: Years 68 Months Days It less than one day
 hrs. min.

9. Birthplace Maryland
 (Town, county, and state)
Unknown
 10. Usual occupation
 11. Industry or business
 12. Name
 13. Birthplace
 14. Maiden name
 15. Birthplace

16. Informant Hospital Records
VAH, Perry Point, Maryland
 Address
 17. Removal Date thereof Dec. 25, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Balto National
 Location Frederick Rd.
 18. Funeral director Leo G. Cook
1703 N. Patterson Park Ave, Balto., Md.
 Address

19. Dec 25 19 48 Irma E. Daugherty
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 19 48 at 9:20 a.m.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 30 19 25 to Dec. 24 19 48
 and that I last saw him alive on December 24 19 48

Immediate cause of death Coronary thrombosis
 DURATION
48 hrs.

Due to Coronary sclerosis Unknown

Due to

Other conditions Arteriosclerosis, generalized Unknown

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results Same as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

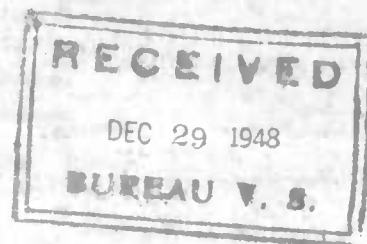
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

SIGNATURE O. E. Hollinger M. D. or other
 Chief, Professional Services
 Address VAH, Perry Point, Md. Date signed Dec. 25, 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61 12417 92

1. PLACE OF DEATH:

County Cecil
 City or town Newman Del P.D.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County CecilCity or town Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Newman Del
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Margaret E. Philhower

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Willard Philhower7. Birth date of deceased (mo., day, yr.) May 21 - 1888 6. (c) If alive, give age 62 years8. AGE: Years 63 Months 6 Days 13 If less than one day hrs. min.9. Birthplace Scotland
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name John Buchanan13. Birthplace Scotland14. Maiden name Christine Noble15. Birthplace Scotland16. Informant Willard PhilhowerAddress Newman Del P.D.17. Buried Date thereof DEC 8 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory SilverbrookLocation Washington Del18. Funeral director R. V. JonesAddress Newman Del19. Dec 6 1948 H. H. Hager
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1948 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 1948 to Dec 4 1948and that I last saw him alive on Dec 3 1948Immediate cause of death Diabetes

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. Burton Pearson M.D.Address Newman Date signed Dec 6

UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

LOCAL BOARD OF HEALTH

LOCAL BOARD OF HEALTH

RECEIVED
DEC 10 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County... Cecil
 City or town... Elkton, Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 yrs
 Hospital, institution, or street address where death occurred
 246 Mackall St
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Md County... Cecil
 City or town... Elkton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... 246 Mackall St
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Anna L. Queck

3. (b) Social Security Number

4. Sex... F. 5. Color or race... Wh 6.(a) Single, married, widowed, or divorced... Single
 6.(b) Name of husband or wife...
 6.(c) If alive, give age... years
 7. Birth date of deceased (mo., day, yr.) Jan 10, 1865
 8. AGE: Years 83 Months 11 Days 5 If less than one day... hrs. ... min.

9. Birthplace... Phila, Pa
 (Town, county, and state)
 10. Usual occupation... at Home

11. Industry or business...
 12. Name... John G. Queck
 13. Birthplace... Germany
 14. Maiden name... Anna Dorothy Schramm
 15. Birthplace... Germany

16. Informant... Mrs Frank Moody
 Address... 246 Mackall St Elkton, Md
 17. Burial (Burial, cremation, or removal. Which?) Date thereof December 18/48 (month) (day) (year)
 Cemetery or crematory... Bethel
 Location... near Chesapeake City, Md
 18. Funeral director... H. W. Phipps
 Address... Elkton, Md

19. Dec 16 1948 (Date rec'd by registrar) FR Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Dec 16 1948, at 2:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1930 to Dec 16 1948 and that I last saw him alive on Dec 15 1948

Immediate cause of death... Acute cardiac dilatation

Due to... Cardiac vascular renal anemia
 Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations... Date of op...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... M.D.

Address... Elkton, Md Date signed 12/16/48

RECEIVED

DEC 20 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12419

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil
City or town Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 hours
Hospital, institution, or street address where death occurred:
Union Hospital Elkton Md.
How long in hospital or institution? 3 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Cecil
City or town Elkton Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Patricia Ann Ryan

3. (b) Social Security Number

4. Sex F 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) April 21 1948 6.(c) If alive, give age _____ years

8. AGE: Years 8 Months 8 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Elkton Md.
(Town, county, and state)

10. Usual occupation Child

11. Industry or business _____

12. Name Kenneth Ryan
13. Birthplace Philadelphia Pa.

14. Maiden name Gilda Simpson
15. Birthplace Elkton Md.

16. Informant Paul Kenneth Ryan
Address Elkton Rd & Ind.

17. Burial Date thereof Dec 24 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Elkton Cemetery
Location Elkton Md

18. Funeral director W W Pippin
Address Elkton Md

19. Dec 23 19 48 FR Ingers
(Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22 19 48 at 11:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____ and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death Bilateral
Pneumonia
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____
23. SIGNATURE Phel Dodson MD Medical Examiner
Prang Smith Cecil County
Address _____ M. D. or other _____
Date signed 12/23-48

MARGIN RESERVED FOR BINDING

9-451

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 28 1948

BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH:

County Cecil
City or town Cecil
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Md. County Cecil
City or town Cecil
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war.

3. (a) FULL NAME

Martha J. Taylor

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife William Taylor
6. (c) If alive, give age Jan. 3 1871 years
8. AGE: Years 77 Months 7 Days 7 If less than one day
hrs. 7 min.

9. Birthplace Cecil Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Isaac Wright

13. Birthplace Maryland

14. Maiden name Jane Howard

15. Birthplace Maryland

16. Informant William Taylor

Address Cecil Md.

17. Burial, cremation, or removal. Which? Burial Date thereof Dec. 14 1948
(month) (day) (year)

Cemetery or crematory Cecil

Location Cecil Md.

18. Funeral director Edward Holloway

Address Wilmington Md.

19. Dec 14 19 48 Mrs. James W. Cheyney
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 December 1948 at 9:15 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4 Feb 19 41 to 10 Dec 19 48
and that I last saw him alive on 10 Dec 19 48

Immediate cause of death Myocardial Infarction DURATION 1 day

Due to Chronic myocarditis 7 years

Due to Chronic hypertension 7 years

Other conditions

(Include pregnancy within 9 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE Alan R. Cuckley M.D. M. or other

Address Md. Cecil Date signed 12/15/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County Cecil
 City or town Perry Point, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 yrs. 3 mos. 12 days
 Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Md.
 How long in hospital or institution? Since 5-2-38

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. None
 (If rural, give LOCATION)
 2(a) If veteran, name war WW-I ✓

3. (a) FULL NAME

WILLIAMS, Harrison

3. (b) Social Security Number

Unknown

4. Sex male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widower

6. (b) Name of husband or wife —

7. Birth date of deceased (mo., day, yr.) Feb. 7, 1894 8. (c) If alive, give age — years

8. AGE: Years 54 Months 10 Days 5 If less than one day — hrs. — min.

9. Birthplace Maryland
 (Town, county, and state)

10. Usual occupation Laborer11. Industry or business —12. Name Cristobel Williams - deceased13. Birthplace Unknown14. Maiden name Margaret Smith - deceased15. Birthplace Unknown16. Informant Hospital recordsAddress VAH, Perry Point, Maryland

17. Removal Dec. 16, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Baltimore National CemeteryLocation Baltimore, Maryland18. Funeral director PENNINGTON & SONAddress Hayre de Grace, Maryland

19. Dec 16 1948 J. E. Dougherty
 (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12, 1948 at 11:30PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 30, 1938 to Dec. 12, 1948

and that I last saw him alive on December 12, 1948

Immediate cause of death Tuberculosis, pulmonary, chronic, far advanced
 DURATION Unknown

Due to —Due to —Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —

23. SIGNATURE A. E. Trolling
A. E. TROLLINGER, M.D., Chief, Professional Svcs.
 Address VAH, Perry Point, Md. Date signed 12-16-48

RECEIVED

DEC 18 1948

BUREAU T. A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil
 City or town Elkton
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Jennie I. Yeamans

7. Birth date of deceased (mo., day, yr.) July 14 1872
 6. (c) If alive, give age 69 years

8. AGE: Years 76 Months 5 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace North East Cecil Co Md
 (Town, county, and state)

10. Usual occupation Carpenter11. Industry or business Retired 2 years12. Name Elisha Yeamans13. Birthplace Md14. Maiden name Rebecca Wilson15. Birthplace Md16. Informant Mrs Harry S. YeamansAddress 220 East High St Elkton Md

17. Burial Date thereof Dec 19 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory North East MdLocation North East Md18. Funeral director Joseph R. ShankAddress North East Md

19. Dec 17 1948 (Date rec'd by registrar)
FR Frazier Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Cecil
 City or town Elkton Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 220 East High St
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

212-14-1242

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17 1948 at 12:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 5 1948 to December 17 1948
 and that I last saw him alive on December 17 1948

Immediate cause of death Cerebral pneumonia
 DURATION 2 days

Due to Bronchitis 2 weeksDue to Hemiplegia 6 monthsOther conditions Cardiac

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James I. Johnson M.D.Address Elkton Md Date signed 12/17/48

Handwritten notes at the top left, including "Cable" and "1948".

Handwritten notes at the top right, including "Cable" and "1948".

Handwritten notes on the left side, including "December 17" and "January 1".

Handwritten notes on the right side, including "December 17" and "January 1".

RECEIVED
DEC 20 1948
BUREAU V. S.

Handwritten notes at the bottom left, including "January 1949" and "Cable".

Handwritten notes at the bottom right, including "January 1949" and "Cable".